

Perspecktive Limited

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Inspection report

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Date of inspection visit:
22 August 2016

Date of publication:
16 September 2016

Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Summary of findings

Overall summary

Perspecktive Limited provides a supported living service to people with learning disabilities and autistic spectrum disorder living in their own home. Most people who used the service lived in supported tenancies that were staffed 24 hours a day. The service is registered to provide personal care to people and 22 people received personal care at the time of our inspection.

We visited the offices of Perspecktive Ltd on 22 August 2016. We told the provider 48 hours before the visit we were coming so they could arrange to be there and for staff to be available to talk with us about the service.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were at the heart of the service. The provider's philosophy and values were understood and shared by all the staff team. People's right to lead a fulfilling life was promoted and encouraged by all staff. People were supported to live their lives as they chose.

Relatives were confident their family member was safe and well looked after by the service. Staff understood how to protect people from abuse and keep people safe. Staff knew the risks associated with people's care, and there were clear instructions in support plans for staff to follow to manage risks safely.

Checks were carried out prior to care staff starting work to ensure their suitability to work with people who used the service. There was a safe procedure for managing medicines and people received their medicines as prescribed.

The management team were committed to providing a person centred service that valued people's individual experiences and abilities. Staff shared these values and felt supported to do their work. People, their relatives and staff were encouraged to share their opinions about the service. The managers provided good leadership and regularly reviewed the quality of service provided and how this could be improved.

There were enough staff to deliver the support people required and people received care from consistent staff who they knew well. Staff received training to support them to meet people's needs effectively and had the right skills to provide the care and support people required.

People were involved in planning their care with the support of people important to them. Care plans focused on people's individual needs, abilities and preferences and how they would like their care delivered. People's rights, privacy and dignity were respected.

The managers understood their responsibility to comply with the requirements of the Mental Capacity Act 2005 (MCA) in regards to people's decision making. However assessments did not always include people's ability to make decisions or who made decisions on people's behalf, if they were unable to do this themselves. Some people required 24 hour supervision, where this was a restriction on people's freedom authorisations had not been applied for.

Care plans contained relevant information for staff to help them provide the personalised care people required. Relatives knew how to complain and information about making a complaint was available to them. Staff said they could raise any concerns or issues with the management team, knowing they would be listened to and acted on.

The management team provided good leadership and relatives who used the service found them approachable and effective. Staff said they received excellent support from the management team. People who used the service, their relatives and staff were encouraged to share their opinions and the provider used their views to improve the service. The management team were committed to providing a high quality service to people.

There were systems to monitor and review the quality of the service provided. This included, a series of audits and checks by the management team, regular checks of people's care plans, medicines administration and supervision of staff, including observations of how they put their learning into practice.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Staff understood their responsibility to keep people safe and there were procedures in place to protect people from risk of avoidable harm. Risks to people's individual health and wellbeing were identified and care was planned to minimise the risks. People received their medicines as prescribed and there was a thorough staff recruitment process.

Is the service effective?

Requires Improvement ●

The service was mostly effective.

People were supported by staff who had completed relevant training and had the required skills to meet their needs. Management and staff understood their responsibilities in relation to the Mental Capacity Act 2005. However, managers were not always certain when authorisations to restrict people's freedom should be sought. People received support to prepare food and drink where required and their health needs were monitored and responded to when needed.

Is the service caring?

Good ●

The service was caring.

People and relatives were very satisfied with the support from staff and the management team. Staff valued people's opinions and people were supported to live meaningful lives. Staff respected people's individuality and encouraged them, where possible, to maintain their independence.

Is the service responsive?

Good ●

The service was responsive.

People were involved in decisions about their care and how they wanted to be supported. Staff understood people's preferences, likes and dislikes and supported them to live their lives as they chose. People's views were regularly sought and listened to. People and relatives knew how to make a complaint.

Is the service well-led?

Good 

The service was well led.

The management team were committed to providing a person centred service that valued people's individual experiences and abilities. Support staff shared these values and felt supported to do their work. People, their relatives and staff were encouraged to share their opinions about the service. The managers provided good leadership and regularly reviewed the quality of service provided and how this could be improved.

Perspektive Limited

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

We reviewed the information we held about the service. We looked at information received from statutory notifications the provider had sent to us. A statutory notification is information about important events which the provider is required to send to us by law. We contacted the commissioners for the service, these are people who work to find appropriate care and support services which are paid for by the local authority.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We found the PIR reflected the service provided.

The office visit took place on 22 August 2016 and was announced. We told the provider 48 hours before our visit that we would be coming so they could make sure they and care staff would be available to speak with us. The inspection was conducted by one inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using, or caring for someone who uses this type of care service.

Most people who used the service were unable tell us in detail about the service they received, so we spoke with six relatives by phone to find out their experiences of the service provided. We also contacted six healthcare professionals involved with the service by email, we had one response.

During our visit we spoke with the provider, the registered manager, two team managers and four support staff. We also spoke with three people who used the service, who visited the office with their support workers while we were there.

We reviewed three people's care plans to see how their care and support was planned and delivered. We checked whether staff had been recruited safely and were trained to deliver the care and support people required. We looked at other records related to people's care and how the service operated including quality

assurance audits and records of complaints.

Is the service safe?

Our findings

Relatives told us they were reassured their family member was safe receiving support from the service because they trusted the staff. Their comments included, "I really trust the staff to look after [family member]" and, "I finally feel I don't have to worry anymore." Relatives we spoke with had no concerns about the safety of their family member. One relative told us, "All of the staff are trustworthy." Two relatives told us, they could finally relax as they knew their loved ones were safe and were being cared for as they should be.

The three people who used the service, who came into the office to meet with us, appeared relaxed with their support workers. Two people were able to tell us about their care, they both said they were happy with the staff that supported them and the service they received. Their comments included, "It's good; they look after me fine," and, "I like [support worker] they listen to me, and they do what I ask."

People knew what they would do if they had any concerns, or did not feel safe. People who used the service said they would speak to staff, and relatives told us they would contact the managers if they had fears or concerns and that they had the contact details to do this.

People were protected from the risk of abuse. Staff attended training in safeguarding and understood the provider's policies and procedures for raising concerns, including the whistleblowing policy. Staff knew who to contact if they had concerns, they told us, "If I had any concerns I would contact a manager. I have never needed to, people are well supported and looked after." Records confirmed the managers understood their responsibility to refer any allegations of abuse to the local authority.

People were protected from risk of harm. There was a procedure to identify and manage risks associated with people's care. People had an assessment of their care needs completed at the start of the service that identified any potential risks to providing their care and support. Each person had plans completed to instruct staff how to manage and reduce the risks. Risk assessments gave staff clear instructions on how to minimise risks to people's health and wellbeing. For example, one person had epilepsy and another had behaviours that could be challenging to others, their risk assessments and support plans instructed staff how to manage risks safely. Staff followed the instructions, which minimised the risk of harm to people. The risk assessments we looked at were detailed, up to date and were reviewed regularly.

Staff confirmed they referred to the information in risk assessments and care records to manage risks to people. A staff member told us, "We have plans in place for all the risks to people's care and support, so we know how to manage risks." They told us about one person who when they became anxious displayed behaviours that put themselves or others at risk. Staff knew how to identify when the person was becoming anxious and how to interact with the person to manage and calm behaviours before they escalated. We were told by managers and staff that the service had a 'no restraint' policy, and that staff had been trained to manage situations that could be challenging by using low arousal techniques to help calm the person.

The managers explained that staff supported people to take positive risks to enhance their life experiences. They explained that taking risks was part of people's everyday life and with the right support and

encouragement people could achieve goals they had thought impossible. For example the managers told us about two people who, after a period of support from staff, were now able to travel on public transport independently. One of the people we spoke with told us it had increased their confidence to travel to their work placement and other places without staff support.

People and relatives told us there were enough staff to provide the care and support people needed. Relatives told us they had never experienced the service to be short staffed and that each person was supported by a team of support staff that they knew. A relative told us, "There is always enough (staff), and it's the same staff. Perspective never use agency staff, the managers do the work if they have to cover absences." Staff we spoke with confirmed there was enough staff to provide the level of support people required both inside and outside their home. The agency referred to each supported living situation as a 'service'. Each service was staffed to meet the needs of people who lived there; this could be an individual or a shared tenancy. We looked at the staffing rotas for three services; rotas confirmed there were sufficient staff to provide the support people needed and to keep people safe and meet their needs.

The provider's recruitment process ensured risks to people's safety were minimised. Records showed new staff underwent an interview process so the registered manager could check their skills and experience. Recruitment checks included; proof of identity and right to work status, references from previous employers and a Disclosure and Barring Service (DBS) check. The DBS supports employers to recruit staff that are safe, by providing information about a person's criminal record and whether they are barred from working with people who use services. The managers told us as well as background checks they also ensured staff they recruited had the right values and behaviours to work for Perspective. They said potential staff were given scenarios about their roles to assess their understanding of their responsibilities and if they had the attributes the managers required to work for their service. For example, how they would support people with intimate personal care or people with certain behaviours and limited verbal communication.

We looked at how medicines were managed by the service. Staff told us they were confident assisting people with medicines as they had received training that explained how to give medicines safely. Staff also had their competency checked to make sure they continued to give medicines in accordance with best practice.

Medicines were managed safely, staff were trained to administer medicines and people received their medicines as prescribed. There was a procedure to check medicine records to make sure there were no mistakes. Staff told us they checked medicines against the medication administration records (MAR) at the handover on each shift to make sure there were no gaps or errors. If they identified any errors they reported this to the managers. Staff and managers told us checking medication on each shift had reduced the risk of errors. The sample of completed MARs we viewed showed people had been given their medicines as prescribed. There was no one using the service at the time of our visit that required medicines administered 'as required'. Completed MARs were returned to the office for auditing to ensure people had received their medicines as prescribed.

Is the service effective?

Our findings

Relatives told us staff had the right skills and knowledge to meet their family member's needs. They told us, "All the staff are very well trained." "Staff are resourceful," and "They have really good quality staff." One relative went on to tell us how their family member found it very difficult to communicate. They said the person's support workers with Perspektive had been 'hand-picked to match his needs' and for the first time in their life they could trust the staff to look after their family member as they would themselves.

The Provider Information Return told us, "Mandatory training is offered to new staff, refresher training is planned and staff are encouraged to have a personal development plan. Annual appraisals, reviews, supervisions and team meeting are offered to ensure staff are well equipped to perform effectively. During induction new staff are given ample time to familiarise themselves with the organisation values, policies, procedures as well as the care plan and risk assessments of the person they are assigned to support." We found this was an accurate reflection of the training and support available to staff.

People received care from staff who had the skills and knowledge to meet their needs effectively. New staff completed an induction which prepared them for their role. The induction programme included observing experienced staff, reading people's care plans and getting to know people. A support worker told us they received all the training needed to support people's individual needs, choices and preferences. They told us, "I had a thorough induction and training when I started and I have had recent updates to refresh my knowledge." During their induction period new staff also completed the Care Certificate. The Care Certificate helps new members of staff to develop and demonstrate they have the fundamental skills they need to provide quality care.

Staff told us the managers encouraged them to keep their training and skills up to date. The managers maintained a record of staff training, so they could identify when staff needed to refresh their skills. Staff told us regular training kept their skills up to date so they could continue to support people effectively. One member of staff told us, "We have good training and we get all the support we need. I enjoy training it has helped me to be confident in what I do." Another staff member told us, they had recently received refresher training in autism awareness. They told us this had increased their understanding of autism and how this could impact on the people they supported. The provider also supported staff to achieve nationally recognised qualifications.

Staff told us they were well supported by the managers and had regular opportunities to discuss their practice and any concerns at one-to-one meetings. The registered manager told us the staff supervision programme included, an observation of staff practice, a supervision meeting to discuss their role and personal development, a reflective practice supervision to look at their practice and discuss learning and an annual appraisal. Staff confirmed they had regular supervision meetings and said this supported them to review their practice and discuss any issues they may have.

We checked whether the provider was working within the principles of the Mental Capacity Act 2005 (MCA), and whether any conditions on authorisations to deprive a person of their liberty were being met. The

Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

The managers understood the principles of MCA and had an understanding of the legislation. However, most people who used the service lacked capacity to make certain decisions and to understand the consequences of the decisions they made. Assessments did not always include people's ability to make decisions or who made decisions on people's behalf, if they were unable to do this themselves. There was no evidence in plans we viewed to show that capacity assessments had been completed where people were seen to lack the ability to make decisions. The managers told us people's social workers would have completed a capacity assessment during the referral stage, but there was no copy of this assessment on file. The managers said they would make sure copies of assessments were obtained. They said they would also include this in their initial assessment procedure to ensure copies were requested in future.

Some people who used the service were supervised at all times to ensure their safety. A staff member told us about a person they supported, "Although [name] can make some decisions we have to have to keep [person] safe. We wouldn't let them go out on their own as they wouldn't be safe to cross the road." This meant if the person wished to go out unsupervised they would not be permitted to. In one person's file we saw an application had been submitted to the local authority for their consideration to restrict the person's freedom as they required constant supervision. However not all the people who required 24 hour supervision had applications submitted. Where people lack capacity to make decisions and are continually supervised, an authorisation to restrict their freedom should be applied for under the MCA. The managers said they would review people's support and complete any applications as necessary. They were confident no one was having their freedoms restricted unnecessarily.

Although there were some shortfalls in MCA assessments there were no concerns about people being supported to make decisions for themselves or being deprived of their liberty unless it was to maintain their safety.

Staff demonstrated they understood the principles of the MCA. They described asking people for their consent and respecting decisions people made. Staff had received training in the MCA and staff we spoke with were able to explain what the Act was and how this applied to their work. Where people could not make decisions for themselves, staff understood important decisions should be in their 'best interests' in consultation with health professionals. One staff member explained "You should assume people can make decisions until you know they can't. People we support are able to make some decisions but not others. [Name] has capacity to tell you what they want to do, if they want to go somewhere, what they want to wear but they can't manage their finances." Another said "Even though [person] has limited verbal communication they can still make everyday decisions about their life. Peoples capacity can change it depends on how they are at the time." This showed staff understood the training they had received.

Most people were supported by staff to prepare their food and drinks, although some people were able to make snacks and drinks with prompting or supervision. Several people who were dependent on staff to provide their food and drink had limited verbal communication. Staff told us they used pictures to help people decide on meal choices. There was no one using the service at the time of our inspection who had special dietary requirements. Staff knew people's food preferences and encouraged people to make healthy diet choices where possible.

People using the service required support to manage their healthcare, and support plans contained information about people's health needs. People had health passports that identified things a health professional should know about the person. For example any health conditions, the person's communication skills, and likes and dislikes. The passport would be use when the person went to health appointments or admitted into hospital. Records showed people had routine health checks with G.Ps, dentists and chiropodists and that speech and language therapists and occupational therapists were consulted if required. Staff had completed training to support people's health conditions such as epilepsy and guidelines informed staff how individual's health conditions were to be managed. Staff we spoke with knew the people they supported very well and were able to monitor and respond to people's health conditions if needed.

Is the service caring?

Our findings

Relatives we spoke with praised the service their family member received and said the care was excellent. Comments included, "The staff are so kind and caring." "So respectful at all times," and, "Brilliant staff." They told us staff were well trained, motivated, polite, respectful, and did things they felt went beyond what was expected of them. For example, a relative told us that their family member had recently been in hospital and one of the managers had supported all of the family during this time. The manager had stayed with the person while in hospital which enabled the relative to look after the rest of their family. They also told us that while in hospital their family member had missed a planned outing to London, and this was being rearranged for them.

We observed the interaction between staff and the three people who used the service who came into the office during our inspection. We saw staff treated people in a kind, friendly and respectful way and knew the people they cared for well. People laughed, smiled and chatted with support workers and the staff working in the office. It was evident the managers and staff in the office knew people very well.

Everyone we spoke with told us it was important to have staff that knew people well. People and relatives told us people were supported by familiar staff. A relative told us, "We have regular carers all the time." The managers made sure people received care from consistent support staff. A team manager told us, "We make sure every service has a regular staff team, which ensures continuity. This is extremely important because unfamiliar staff could have a negative effect on some people and would impact on their behaviours."

The providers information return (PIR) told us, "People with learning disabilities can live ordinary wonderful lives with the right support. Everyone needs to have meaningful relationships in their lives, which help them feel loved, needed, wanted and respected. Life should be a mixture of fun, things to do, things to achieve and things to contribute to others as well as times for reflection and relaxation." We found the service adhered to these values.

People were consulted and involved in all aspects of their care and support. Staff supported people to maintain their preferred routines and make choices about how they were supported. Staff told us they involved people as much as possible in making daily choices and decisions. This included what people would like to wear, what food and drink they wanted and how they would like to spend their time. One person who used the service told us they enjoyed walking, this person had limited verbal communication, and used gestures and sounds to communicate. The staff member supporting the person knew how to communicate effectively with the person and supported them to have a conversation with us.

Staff knew how to support people's communication so they could make choices about their care and support. This included using pictures and visual prompts which helped people to maintain involvement in their care by making their own decisions.

Relatives we spoke with had no concerns about their family member being treated with dignity and respect. Managers and staff told us they ensured people's privacy and dignity was maintained and people were

treated with respect. A member of staff told us how they supported people's privacy and dignity, "I always make sure that I am respectful and polite. When providing personal care I let [name] know I am just outside if they need anything." Staff we spoke with understood the importance of people having privacy when required. One staff member told us, "We are there 24/7 and [person] often needs their own space and time on their own. If people want to spend time on their own in their bedrooms, then staff respect this." This was confirmed by the people who used the service, one person told us, "If I want time on my own away from staff I will say, I need some me time, and go to my room." This made sure people's privacy and dignity was maintained.

The providers PIR told us, "We believe in inclusion, empowering and respecting all people, transforming lives, being brave to developing new ideas and encouraging the people we support to be as independent as their potential enables them." We found staff followed this ethos when providing care and support.

Relatives told us staff promoted their family members independence. The managers told us how some people had been supported to access voluntary work, "We try to support people to integrate into the community as much as possible and have the same experiences and opportunities as everyone else." Two of the people we spoke with had voluntary jobs and were able to travel independently to where they worked. Information about what people were able to do for themselves was clearly recorded in their support plans.

Relatives told us the managers and staff were caring and supportive to them and to their family members. Comments from relatives included, "I have seen [family member] relax over time with their carers." Another relative told us their family member had lived in a supported environment for about three years, and that since Perspecktive had been involved in their care all their lives had improved. They said their family member was generally much happier and that they, as parents, felt they no longer needed to be in constant contact wondering if everything was ok. They told us, "We all have a better quality of life and we are very happy with that."

People were involved in making decisions about their care and had regular reviews of their care needs. People and their relatives were involved in planning their care and where ever possible people made decisions about how they were supported and lived their lives.

Is the service responsive?

Our findings

Staff had a very good understanding of people's care and support needs. They told us, "We provide people with 24 hour support so we get to know the person, what they need, what they like and we have time to read care plans. We spend time with people, getting to know them as individuals and supporting them to follow their hobbies and interests."

Relatives told us they were involved with planning their family members care with support from their family member and staff. One relative told us, "We all sat together and filled in her care plan together."

Staff spoke positively about the support they provided to people. One staff member told us, "We help people to have a better quality of life. Each day we do things with people to help them grow and integrate into the community. We learn to understand each other and help each other work together."

The PIR told us, "We work in a way that is person centred; it is personalised in that it focuses on the person as an individual. By working in this way we respect the person's choices, promote individuality, respect peoples' way of looking at things and support them to make well informed decisions. We look at people from a human point of being and not their disability. We gather previous information available and ascertain by consulting the person to be supported, family, advocates and friends, to inform us how the individual likes their personal care delivered. People are involved in the formulation of their person centred care plan and reviews." We found this was an accurate reflection of the service.

Two of the people we spoke with said they were supported by staff in a way they liked. They also said they were confident to tell staff if they wanted their care provided in a different way. One person said, "I would tell [team leader] and we would discuss it, we would write it in my plan and tell other staff." Relatives told us the service was responsive to their family members needs and how they were supported by staff had a positive effect on their lives. A relative told us that their family member displayed "aggressive behaviour when he was bored." They went on to say there was a plan of activities to keep their family member occupied and to prevent this happening. They said, "We both have really noticed a change to [family member's] behaviour lately and we think it's to do with the fact that he is kept occupied."

Following a referral to the service the managers met with the new person to get to know them and to assess if they could offer the person a service. These meetings were used to develop a relationship with the person and their relatives. Following the introductory visits, people had an initial assessment completed by the managers at the start of the service. Staff were specifically recruited and trained to work with the person so the service could be sure they could meet their needs. The managers told us training was 'tailor made' for staff so they could support each person effectively. One member of staff told us they had received training in autism, communication, listening skills and sensory processing, which helped them to understand how the person communicated and support them to make decisions and choices about their lives.

The information gathered from the assessment was transferred into a personal support plan which staff followed to ensure the person's needs were met. The registered manager told us it was important to listen to

what people were saying during the assessment process so they could support people how they preferred. They told us how during one assessment the person told them they didn't like taking one of their medicines as it made them feel drowsy. With the person's consent they discussed this with their psychiatrist who reviewed the medicine, which was then gradually reduced and discontinued. This had a positive effect on the person's behaviours.

We looked at three personal support plans. Support plans were written from the person's perspective, and staff had clear information about people's needs and abilities. Plans included background history and details about people's preferences, likes, dislikes and included information about other people who were important to them. Plans also included information about 'My way of being' that identified any specific behaviour people might have and how staff should respond to these. Plans highlighted what people's strengths were as well as what they needed help with. Staff knew about people's strengths and what support they required to live their lives as they chose.

Staff had the necessary information and knowledge to ensure people were at the centre of the care and support they received. One staff member told us, "The support plans give us all the information we need." Support plans also identified how staff should support people emotionally, particularly if they became anxious or agitated. All the staff we spoke with knew how to calm people who became agitated, staff comments included, "We know when people are becoming anxious and what works to calm them. People's cues and triggers are clearly recorded in their care plan. We use distraction and other techniques to help calm people."

Plans were reviewed and updated regularly which made sure staff continued to have the information required to support people effectively and safely. Staff told us in each service they had a handover meeting at the start of their shift to discuss any issues that had arisen and to keep them informed of any changes so they could continue to respond to people's needs.

People were encouraged to build and maintain relationships with friends and family. Families visited people regularly and were invited to attend team meetings at the person's home, if people wanted them there. One relative told us, "I feel so welcome when I visit the bungalow."

People's relatives knew they could raise concerns and knew the actions to take if they wanted to make a complaint. People and relatives we spoke with had no concerns about the service, but told us they would be comfortable to raise any issues with the staff. A relative told us, "We would struggle to find anything to complain about."

Staff we spoke with recognised signs that may indicate people they supported were unhappy, and that could signify that something was wrong. Staff told us they would try to resolve the concerns people had and if they were unable to do this they would report them to their manager.

The registered manager told us there had been no formal complaints about the service and that minor issues were dealt with straight away before they became complaints.

Is the service well-led?

Our findings

This was the first inspection of the service since they registered with us.

People told us they were happy with the service they received and with the staff that supported them. Relatives we spoke told us how good the service was and how excellent the staff were at providing care to their loved ones. Four relatives said the service they received from Perspektive and their staff had really made a difference to their lives and that of their family member. Comments from relatives included, "Nothing is ever too much trouble for anyone to enable [relative] to be happy," and "I can't believe our luck in finding Perspektive."

The service had a registered manager. The registered manager and provider understood their responsibilities to provide quality care and support to people. They had returned their Provider Information Return (PIR) when requested but they were not aware of all the notifications they were required to send to us when reportable incidents had occurred. For example, we found one incident where a person had a serious injury that we had not been told about. The managers had reported this incident to the local authority and they provided assurance that future incidents would be reported to us.

The provider and registered manager had a clear vision and set of values which were person-centred and ensured people were at the heart of the service. The registered manager told us in their PIR that, "We believe that people who have learning disabilities have the right to control their own lives within the constraints of everyday living. We want to enable them to have a sense of pride, a positive self-image and a good understanding of others around them. We believe in being people centred; empowering, including and respecting all people; challenging wrong ways of thinking about disability, and helping to transform lives for the better." These values were led by the managers and shared by all the staff working for the agency. A member of staff told us, "The person is at the centre of all we do, this is so important to the managers and the staff. We share the same vision for people."

There was a clear management structure and the management team had defined roles and responsibilities. This included providing the 'on call' procedure that operated out of hours to support staff by offering guidance and advice. Care staff told us the 'on call' system worked well and people we spoke with told us there was always someone available if they needed to speak with them.

There was a positive, open and inclusive culture within the agency that had people who used the service at the heart of everything they did. The PIR told us, "We encourage a culture where creating relationships within our services is very vital. Simple things like staff and clients planning for a meal, cooking together and sitting together to eat creates a sense of equality. Staff are trained to be ambassadors and be the voice of the people we support. We encourage our staff to be honest and always act with integrity in order to maintain the reputation of their profession." All the managers and staff we spoke with were motivated and passionate about providing a quality service to people.

The management team worked well together and kept staff fully informed about any changes to the service.

There were regular management meetings to discuss clients, staffing levels, staff performance and continuing improvements. Staff felt valued and supported in their role by the management team. Staff said they received regular support and guidance via observations of their practice, supervision meetings where they discussed performance and personal development and from handover meetings and team meetings. Staff said they were kept up to date with changes in policies and procedures at team meetings. All the staff told us they felt well supported by the management team. For example one staff member said, "I get the right support, supervision and training to do my job. The managers are all very knowledgeable and supportive." Another said, "I get really good support from the managers who give good advice and ideas".

Staff said they were aware of their responsibilities to provide quality care and support to people. Staff said they achieved this by treating people as individuals and supporting them to live their lives as they chose. Staff knew who to report concerns to and were aware of the provider's whistle blowing procedure. They were confident about reporting any concerns or poor practice to the managers.

None of the staff we spoke with could think of any improvements to the service. All the staff we spoke with were happy with how the service was managed. Comments included, "We are like one big happy family." "I really enjoy working for this company; they treat everyone with dignity and respect." Another said, "We have an open and honest culture. I love the way they involve people and their family members in everything."

Systems were in place to regularly monitor the quality of the service that was provided including, observations on staff, monthly reviews of people's care and quality surveys to people, relatives and staff. Records were regularly audited to make sure people received their medicines as prescribed and care was delivered as outlined in people's care plans.

Relatives and staff said their views of the service were regularly sought through regular meetings and surveys. Comments from surveys were positive about the quality of care people received and included, "Perspective is changing the lives of service users and society. Best employer ever."